

Kay Bishop, M.D.

DERMATOLOGY OF EASTERN IDAHO

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Rigby, Idaho 83442

Phone: (208) 745-0200

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FINANCIAL POLICY

PATIENT INFORMATION

All patients will be asked to provide a photo identification and current information regarding address, phone numbers, health insurance policies and place of employment.

INSURANCE

As a service to you, our patient, we will file insurance claims to your carrier for primary and secondary insurance.

We are participating providers with Medicare and Medicaid and various other health insurance companies. If we are a participating provider, contracted with your insurance company, we will make the required fee adjustments. If we are not contracted with your insurance company, we are not obligated to adjust our charges based on your plan's coverage or benefits. It is your responsibility to contact your individual insurance carrier to determine if we are a preferred or contracted provider with them.

It will be understood that the insurance policy is an agreement between the patient and the insurance company to pay certain amounts for medical care. The Physician's billing statement is an agreement between the patient and the physician. The patient is responsible for full payment of their account, regardless of the status of the insurance claim.

PAYMENT AT TIME OF SERVICE

You will be responsible at the time of service for payment of:

- Co-payments
- All charges for non-covered or cosmetic services

Prompt payment allows us to control costs. Outstanding accounts cost both time and money; therefore, you will be required to establish financial arrangements for the payment of your account. If you have medical insurance(s), we will bill you for any balance not paid by such insurance(s). Your payment is due within 20 days after receipt of our statement. We are not a financial institution. Therefore, if you need to make small monthly payments on your account, we do accept most major credit cards, including Care Credit. Please speak with our billing department if you have any questions.

Collections: Past due accounts over 120 days, with no response from you, will be turned over to a collection agency for more aggressive collection activity. If your account is sent to a collection agency, be advised that there will be additional fees, interest and charges added by the collection agency which you will also be required to pay to them. If you schedule a visit to our office in the future, you will be required to pay cash for further services until the collection agency is paid in full.

NSF Checks: Non-sufficient fund checks, returned to us by your bank, will be charged back to your account with a service fee of \$20.00.

Your signature below signifies that you understand this financial policy and your responsibility regarding charges incurred in this office.

Patient Signature

____/____/____
Date